



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

E	New	Vendor Code		Dept.	Contract Number	
M	<input checked="" type="checkbox"/> Change	HENKELA602		SC	98-485 A-1	
X	Cancel			A		
County Department				Dept.	Orgn.	Contractor's License No.
Jobs & Employment Services Department				JOB	C829	N/A
County Department Contract Representative				Ph. Ext.	Amount of Contract	
Keith Lee, JESD Director 433-				(909) 3300	\$154,000	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number
SAN	JOB	C829	300	3732		A52G270-91
Commodity Code			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	FY
Project Name			Amount I/D			
Employment Skills Training			98-99	\$56,000	I	
For Youth						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Henkels & McCoy, Inc.

hereinafter called H&M

Address 880 Oak Park Road, Suite 100

Covina, CA 91724

Phone Birth Date

(888) 739-9067

Federal ID No. or Social Security No.

23-153-5602

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT NO. 1 TO AGREEMENT NO. 98-485 (JTPA Title IIC Youth Funds)

H&M received a JTPA Title IIC contract to provide Employment Skills Training for individuals 14 through 15 years of age. This Amendment No. 1 is to increase the Agreement by \$56,000, from \$98,000 to \$154,000. The number of participants to be served will increase by 20, from 35 to 55, and individuals who are 16 through 17 years of age will be added. Therefore, the following modifications are to be incorporated into Agreement No. 98-485 (JTPA A52G270-91):

- Ø Front page, change the Contract Amount to read: \$154,000
- Ø Page 1, Section I(D), change the Contract Amount to read: \$154,000
- Ø Page 2, Section I(H)(1), change to read: 55 JTPA Title IIC Youth Participants
- Ø Page 2, Section II(A), change to read: One Hundred Fifty Four Thousand Dollars (\$154,000)
- Ø Page 2, Section II(B), change Budget Statement to read:

COST PRINCIPLES	CONTRACT FUNDS
A. Administration	\$ 3,269
B. Direct Training	\$ 140,374
C. Training Related/Supportive Services	\$ 10,357
D. Total Program Budget	\$ 154,000

Ø Page 3, Section III(E) change to read:

Schedule to Attain Performance Benchmarks:

Benchmark	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Enrollment* (65% + Hard-to-serve)	()	()	()	()	()	()	()	18 (18)	55 (55)	55 (55)	55 (55)	55 (55)
Completion*								18	18	18	18	55
Entered Employment*												
60-day Retention*												
Attained YEEN*								18	18	18	18	55

*Must Meet Definition Criteria

Ø Page 4, Section IV(A)(1), change to read: The Contractor agrees to serve 20 Out-of-School Youth and 35 In-School-Youth.

Ø Page 4, Section IV(A)(1), change the Population Segment Numbers to reflect the same % of Enrollments as contracted with the exception of adding the number 20 under Ages 16-17, making Ages 14-15 64% and Ages 16-17 34%.

Except as indicated above, all other terms and conditions of the Agreement remain the same. This Amendment No. 1 effective March 16, 1999, should be placed on file and attached to the Agreement No. 98-485 (JTPA A52G270-91).

COUNTY OF SAN BERNARDINO

►

Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

Clerk of the Board of Supervisors of the County of San Bernardino.

By _____
Deputy

Henkels & McCoy, Inc.

(State if corporation, company, etc.)

By ► _____
(Authorized Signature)

Dated _____

Title Gordon McNamara, National Manager
e _____

Address 880 Oak Park Road, Suite 100, Covina, CA 91724

Approved as to Legal Form

► _____
County Counsel

Date _____

Reviewed as to Affirmative Action

► _____

Date _____

Reviewed for Processing

► _____
Agency Administrator/CAO

Date _____